

BUREAU OF DEVELOPMENTAL SERVICES
He-M 1201 MEDICATION ADMINISTRATION TRAINING
CURRICULUM EVALUATION

NAME: (Optional) _____ DATE: _____

Please complete this evaluation after you have finished all aspects of Medication Administration Training and return to the nurse trainer. Your input and suggestions are important.

Please rate the following:

- | | | | | |
|--|-----------|------|------|------|
| 1. The written curriculum: | Very Good | Good | Fair | Poor |
| 2. The practice questions in the curriculum: | Very Good | Good | Fair | Poor |
| 3. The place where the training was done: | Very Good | Good | Fair | Poor |
| 4. The effectiveness of the instructor: | Very Good | Good | Fair | Poor |

5. What did you like most?

6. What did you like least?

7. Do you have any suggestions for improvement?